



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

**C3-4-4KA**  
**Job Sheet 173599**



**Part No:** C3-4-4KA

**Job Qty:** 5 ea

**Part Name:** Keeperless Load Beam Assembly - C3 Hook



**Part Weight:** 0 lbs

**Status:** Scheduled

**Priority:** High

**Job Created:** 3/5/18

**Job Tracking No:**

**Due Date:** 6/25/18

**Created By:** Marie Lajeunesse

**Type:** SOLD

**Description:**

**Note:** DWG C3-4-4A/C3-4-4KA Rev 10 IPP Rev A 18.03.02 New issue DP Verify DD

**Ship Via:**

### Bill of Materials

### Job Routing

| Op No | Operation          | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off    |
|-------|--------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|-------------|
|       |                    |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |             |
| 90    | Start up Operation | 5 Ea  | 6/25/18    | 6/25/18  | 0.00      | 0.00    | Start Up Small Fab-4  |           | SB          |
| 95    | Rework             | 5 pcs | 6/25/18    | 6/25/18  | 0.00      | 0.00    | Mill Conv 1           |           | AP N/A      |
| 100   | Small Fab          | 5 pcs | 6/25/18    | 6/25/18  | 0.00      | 0.63    | Small Fab-9           |           | SB          |
| 110   | QC                 | 5 pcs | 6/25/18    | 6/25/18  | 0.00      | 0.00    | QC5                   |           | CT 18-7-31  |
| 130   | Outsource          | 5 pcs | 6/25/18    | 6/25/18  |           |         | GRO002-VC             |           | AUG 03 2018 |
| 140   | Packaging          | 5 pcs | 6/25/18    | 6/25/18  | 0.00      | 0.00    | Packaging2            |           | 15-08-03    |
| 150   | QC                 | 5 pcs | 6/25/18    | 6/25/18  | 0.00      | 0.00    | QC6                   |           | 21          |
| 160   | Packaging          | 5 pcs | 6/25/18    | 6/25/18  | 0.00      | 0.00    | Packaging3-2          |           | 21          |
| 170   | QC21-SA            | 5 Ea  | 6/25/18    | 6/25/18  | 0.00      | 0.00    | QC21                  |           | AUG 09 2018 |

Part Op 100 - Assemble as per DWG.

Descriptions: 130 - Issue P/O to Groupe Altech: P/O 040662 - Nickel plate, QQ-N-290, Class 2, Grade C - Nickel Plate  
.0009-.0011 - Certificate of Conformity is required  
160 - Identify and Stock

### Job BOM

| Part / Item | Component Name | Quantity    | Operation             | Container |
|-------------|----------------|-------------|-----------------------|-----------|
| C3-4-2      | Trunnion       | 5 Ea (1 ea) | 90-Start up Operation | 5096836   |
| C3-4-4K     | Load Beam      | 5 Ea (1 ea) | 90-Start up Operation | 5059062   |



**Container No:** S097897



**Part:** C3-4-4KA

**Job No:** 173599

**Serial No/Batch:** S097897

**Revision:** 10

**Inspector:**

**Exp Date:**

**Instructions:**

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
CANADA  
TEL: 1 613 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

### ations

| Required | Inventory | Allocated |
|----------|-----------|-----------|
| 5        | 0         | 0         |
| 5        | 18        | 0         |

### cations

1 not be found.

Plex 7/25/18 9:24 AM dart.lacelle.linda

DAS  
61  
9-89

QA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       |                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|-------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                         |  |                       |                                                 |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval |                                                 |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                       | Completed By                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       | Lead hand / Supervisor<br>Approval Verification |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       | QC / QA Coordinator<br>Approval                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                       |                                                 |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                       |                                                 |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  | OTHER : _____         |                                                 |





# Certificat de Conformité / Certificate of Compliance

(011480-1)

2455, Rue Halpern | Saint-Laurent | Québec | H4S 1N9  
 Tel: 514-335-3666 Fax: 514-335-3868  
 www.groupaltech.com

## Bon de Livraison / Packing Slip

**011480- 1**

Livré à / Ship to

**DART AEROSPACE LTD**

1270 ABERDEEN STREET

HAWKESBURY, ON, K6A1K7

CANADA

Tel.: 613-632-5200 Fax.:

Client / Customer:

**DART AEROSPACE LTD**

1270 ABERDEEN STREET

HAWKESBURY, ON, K6A1K7

CANADA

BUYER:

| Date expédition<br>Ship date |                                                           | Créé Par<br>Generated By                                                                                                                  | Transport / No de Compte<br>Courier / Acc. No. | Bon de commande Client<br>Customer Purchase Order No. |                 |                   |               |                        |
|------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------|-----------------|-------------------|---------------|------------------------|
| 02-Aug-2018                  |                                                           | Jessie Boisvert                                                                                                                           |                                                | 040662                                                |                 |                   |               |                        |
| #Ligne<br>Line#              | No. de Série / # Pièce<br>Part Number / Line Item Details | Description pièce(s)                                                                                                                      | CATG.<br>U/M                                   | Comm.<br>/Ordered                                     | Exp/<br>Shipped | Qté NC/<br>NC Qty | Qté<br>Scrap/ | À venir/<br>Back Order |
| 1                            | C3-4-4KA<br>Rev.                                          | C3-4-4KA<br>NICKEL PLATE PER QQ-N-290 CLASS 2 GRADE C<br>0.0009-0.0011 THICK<br>AND BAKE                                                  | E-NICKEL STEEL<br>CH                           | 5                                                     | 5               | 0                 | 0             | 0                      |
| 2                            | C2-OH<br>Rev.                                             | C2-OH<br>NICKEL PLATE PER QQ-N-290 CLASS 2 GRADE E OR F<br>0.0004-0.0006 THICK<br>AND BAKE<br>1 KIT OF C2-4-4A (1 PCS)<br>C2-12-3 (1 PCS) | E-NICKEL STEEL<br>CH                           | 1                                                     | 1               | 0                 | 0             | 0                      |

DAS  
61  
9-89

### Notes Additionnelles / Additional Notes

Epaisseur réelle  
Actual Thickness

Inspecteur Qualité  
Quality Inspector

Réçu par  
Received By

Nous certifions que les pièces énumérées ci-dessus ont été traitées en conformité avec votre commande et vos spécifications et rencontrent les exigences.  
 Notre responsabilité financière et légale ne sera pas supérieure au montant de la facture issue.

We hereby certify that the parts listed above have been process in accordance with your purchase order and specifications and are in conformance with your requirements.  
 Our financial and legal responsibility will not be higher than the amount of invoice.



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# PURCHASE ORDER

## PO040662

**Supplier:** GRO002-VC  
Group Altech  
2455 Halpern  
St Laurent  
QC  
H4S 1N9 Canada  
Phone: 514-335-3666  
Fax: 514-335-3868

**PO No:** PO040662  
**PO Date:** 7/31/18  
**Due Date:** 8/6/18  
**Purchase Order**  
**Revision:**  
**Revision Date:**  
**Ship-To Contact:** Phone:

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**Via:** Ground  
**Pynt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

### Items

| Line Item                                                                         | Job    | Part     | Description                                                                                                                                                                                                                                                                           | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|-----------------------------------------------------------------------------------|--------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| 1                                                                                 | 173599 | C3-4-4KA | Keeperless Load Beam Assembly - C3 Hook<br>-Issue P/O to Groupe Altech: P/O<br><br>-Nickel plate, QQ-N-290, Class 2, Grade C<br>-Nickel Plate .0009-.0011<br>-Certificate of Conformity is required                                                                                   | Firmed | -       | 8/6/18   | 5 pcs          | 0 pcs             | 5 pcs   | \$17.142857/pcs  | \$85.71        |
| <p><b>Line Item Note</b> ** rush **</p> <p>5 X AUG 03 2018</p> <p>DAS 61 9-89</p> |        |          |                                                                                                                                                                                                                                                                                       |        |         |          |                |                   |         |                  |                |
| 2                                                                                 | 177402 | C2-OH    | C-Series Remote Hook 2,000 lbs Lift Capacity<br>-Nickel plate, QQ-N-290, Class 2, Grade E or F - Nickel Plate .0004-.0006 -Bake after plating -Certificate of Conformity is required<br><br>c2-4-4a:<br>NICKEL PLATE .0009 - .0011 THICK<br><br>C2-12-3:<br>NICKEL PLATE .0004- .0006 | Firmed | -       | 8/6/18   | 2 pcs          | 0 pcs             | 2 pcs   | \$77.14286/pcs   | \$154.29       |
| <p>2 X AUG 03 2018</p>                                                            |        |          |                                                                                                                                                                                                                                                                                       |        |         |          |                |                   |         |                  |                |



| Items                    |        |                      |                                                                                                                                                                                                                                                                                                             |        |         |          |                |                   |         |                  |                |
|--------------------------|--------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| Line Item                | Job    | Part                 | Description                                                                                                                                                                                                                                                                                                 | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
| 3                        | 178360 | RBT400221-121        | Gripper<br>-Issue P/O to GROUPE ALTECH;<br>PO<br>-Black oxide finish, MIL-C-13924C Class 1<br>-Apply thin layer of oil/CPC per MIL-PRF-16173 Grade 3 Class 1 or MIL-c-81309 Type III Or MILL-C23411A or MIL-PRF-81309 and wipe off excess.<br>-Material type 4140<br>-Certificate of Conformity is required | Firmed | -       | 8/6/18   | 28 pcs         | 0 pcs             | 28 pcs  | \$3.07692/pcs    | \$86.15        |
| 4                        | 173915 | RBE350A94-2708-01-15 | Rod Assembly<br>-Issue P/O to Groupe Altech;<br>PO<br>-Black oxide finish, MIL-C-13964, CLASS 1; MIL-C-16173 GRADE 4<br>-Certificate of Conformity is required                                                                                                                                              | Firmed | -       | 8/6/18   | 5 pcs          | 0 pcs             | 5 pcs   | \$3.07692/pcs    | \$15.38        |
| 5                        | 180110 | RBE350A94-2706-00-05 | Pin<br>-Issue P/O to Groupe Altech;<br>PO<br>-Black oxide finish, MIL-C-13924C Class 1<br>-Certificate of Conformity is required                                                                                                                                                                            | Firmed | -       | 8/6/18   | 6 pcs          | 0 pcs             | 6 pcs   | \$3.07692/pcs    | \$18.46        |
| Line Item Note *urgent * |        |                      |                                                                                                                                                                                                                                                                                                             |        |         |          |                |                   |         |                  |                |
| Grand Total:             |        |                      |                                                                                                                                                                                                                                                                                                             |        |         |          |                |                   |         |                  | \$360.00       |

## Order Notes